

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000566**

1. Entity Name

DOBBS MARKETING GROUP, LTD.

FILED

02 JAN 22 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1840 GIBSONIA GALLOWAY ROAD
LAKELAND FL 33810**

Mailing Address

**1840 GIBSONIA GALLOWAY ROAD
LAKELAND FL 33810**



2. Principal Place of Business

369 Lake Hollingsworth Dr.

Suite, Apt. #, etc.

3. Mailing Address

369 Lake Hollingsworth Dr.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

65-0898743

Applied For

Not Applicable

Zip

33803

Country

Zip

33803

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOBBS, LARRY G

1840 GIBSONIA GALLOWAY ROAD

LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

369 Lake Hollingsworth Dr.

City

Lakeland

FL

Zip Code

33803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

1-18-02

DATE

9. Capital Contributions
as Shown on record.

\$1,160,105.64

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000031492**
NAME **DOBBS MANAGEMENT, INC.**
STREET ADDRESS **1840 GIBSONIA GALLOWAY ROAD**
CITY-ST-ZIP **LAKELAND FL 33810**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **369 Lake Hollingsworth Dr.**
CITY-ST-ZIP **Lakeland, FL 33803**

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-18-02

CR2E003 (9/01)

0014351 AT

STAPLE CHECK HERE